



Pacific WESTPAC Conference
2001
Registration Form
September 10 - 14, 2001
THE NEW SANNO Tokyo, Japan

First Name: _____ MI: _____

Last Name: _____ SUFFIX: _____

SSN: _____ Rank/Grade (Military/Civilian): _____

Position Title: _____

Organization: _____

Office Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ DSN: _____

FAX: _____ Email: _____

Conference Session(s) Attending (check all boxes that apply):

- | | |
|---|--|
| <input type="checkbox"/> WESTPAC/Main Session 10-12 Sep
(1/2 day on 12 Sep/ending 11 a.m.) | <input type="checkbox"/> Product Standardization 12 Sep
(1/2 day on 12 Sep/starting 130 p.m.) |
| <input type="checkbox"/> Appointment Standardization 13-14 Sep | <input type="checkbox"/> Health Benefits Advisor 12-14 Sep |
| <input type="checkbox"/> I will require a hotel room in the New Sanno | |

Name Badge: _____

(Please print your name as you want it to appear on your name badge)

PLEASE NOTE: All registration forms should be printed or typed clearly and are due not later than 17 July 2001. Fax the completed form to the number provided below.

POC: TPLA ADMIN STAFF
Voice: (808) 433-1078 or 6841
Fax: (808/DSN) 433-3371

Conference Code issued: _____

Revised: 6/26/01